

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - NON-ISSUED 13084	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name PAUL MORALES P.O. Box, Bldg., Room No., if any 4C Street 1425 Liliha ST City Honolulu State HI ZIP Code + 4 96817	4. Name, file number, and address of labor organization. Name _____ Labor Organization File Number 054642 P.O. Box, Building and Room Number, if any 206 Street 707 Alakea St. City Honolulu State HI ZIP Code + 4 96813-4818
5. Position in labor organization. Labor Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul Morales

On

Date

05/12/06

Telephone Number

808 521-6405

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Benefit Plan Administrators Inc.Trade Name, if any: AdministratorsP.O. Box, Bldg., Room No., if any 625Street 677 Ala Moana Blvd.City HonoluluState HI ZIP Code + 4 96813-5419

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ASBESTOS WORKERS JOINT TRUST FUNDSTrade Name, if any: InsulatorsP.O. Box, Bldg., Room No., if any 625Street 677 Ala Moana Blvd.City HonoluluState HI ZIP Code + 4 96814-5419

11.a. Nature of such dealing.

Trustee to the funds. attending meeting to keep inform with various changes or improvement that are needed to better service the membership. Attending Educational Conference to learn to ways to make improves. Part time instructor for the Training Fund

11.b. Approximate dollar value of such dealing. \$9,457.03

12.a. Nature of interest held or income received.

Meeting Attendance	- \$1,074.07
Education Conference	\$7,398.47
Training instructor	989.49

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?